patients, without lights, elevators, computers, and telephones (Figure 1).

Methods, Intervention, & Analysis: As the storm approached, interdisciplinary teams discharged many patients hospital-wide, however the BMTU patients were deemed unable to discharge. Private HEPA filtered rooms were blocked on the regular oncology unit as reserve in case the BMTU became compromised. Nurses followed procedures for blackout and computer down time; including the printing of essential information from the electronic medical record (EMR). Once power and communication systems failed, nurses and other interdisciplinary team members safely evacuated patients using med sled evacuation devices and necessary equipment for monitoring and support down sixteen flights of dark stairwells to waiting ambulances. To ensure safe transfer and a hand-off report to the receiving hospital, nurses accompanied all BMTU patients. Hand-off communication was also accomplished centrally from the HICS using the previously printed EMR summaries (Figure 2).

Findings & Interpretation: A total of four patients, including one autologous transplant patient and patients with chemotherapy infusing, were transported to a neighboring hospital without interruption of care. Staff relied on prior disaster training, expert clinical judgment, and emotional intelligence to accomplish this unprecedented task.

Discussion & Implications: Disaster training and drills are vital to developing the skills needed during an emergency. Nurses, as first responders, lead in times of disaster. The efforts of this team demonstrate what can be accomplished when everyone is well trained and focused on the same goal, patient safety.

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Does Plerixafor do the trick in mobilising Stem Cells?

Serpil Vieira, Diane Monroe. The London Clinic, London, United Kingdom

Topic Significance & Study Purpose/Background/Rationale: Plerixafor (MOZOBIL®) is an antagonist of alpha-chemokine receptor CXCR and one of the recent additions to the Haematology discipline; it is used as a stem cell mobiliser. CXCR4 alpha-chemokine receptors are important in hematopoietic stem cells homing to the bone marrow and in hematopoietic stem cell quiescence. It is indicated in combination with Granulocyte Colony Stimulating Factor (GCSF) for Peripheral Blood Stem Cell (PBSC) collections in the Multiple Myeloma (MM) and Lymphoma patient groups with a poor mobilisation history.

Methods, Intervention, & Analysis: Method In our organisation, data was collected prospectively. 35 patients (two patients were included twice as they received Prelixafor on two separate occasions) received Plerixafor for PBSC collection between May 2009 and September 2012. Patients met the criteria prior to treatment, except three patients with low platelet counts (white Blood Count$>$ 2.5 x 109/L, Absolute Neutrophil Count $>$ 1.5 x 109/L, Platelet$>$ 85 x 109/L, Serum Creatinine $<$ 1.5 mg/dL, Aspartate transaminase (AST), Alanine Transaminase (ALT), Bilirubin $<$ 2 x ULN with no evidence of Hepatitis B and C. Patient demographic data is shown in Table 1. Five patients had an underlying documented medical problem (cortochondritis, asthma, hypertension and glaucoma).

Findings & Interpretation: Result: 25 of the patients were diagnosed with MM and six with Non-Hodgkin's Lymphoma (NHL), two patients had Hodgkin's Disease, one had Neuroblastoma and one Walderstorm's Macroglobulinameia. All patients received four consecutive days of GCSF 10 μg/kg prior to Plerixafor. Plerixafor was given 10 hours before the PBSC collection and GCSF was repeated one hour prior to PBSC collection on the morning. All patients received 0.24 mg/kg/day of Plerixafor. There were no side effects observed in these episodes. 26 patients required single dose, 10 patients required a second dose, and only one patient received three dose of Plerixafor.

For all cases, the target CD34+ count was 4 x 106 cells/kg of recipient body weight. Two patients responded extremely well with a CD34+ count of 21.79 x 106 cells/kg and 15.16 x106 cells/kg achieved. 13 patients achieved the target of 4 X106 cells/kg or above. However 22 patients failed to achieve to reach target. 16 of these patients had adequate amounts of CD34 count for an autologous transplant. Four patient failed to mobilise with CD 34+ $<$2 X109cells/kg. Only six patient had $>$ CD 34+ $<$2 X109cells/kg one of this patient had no CD34+ at all.

Discussion & Implications: Conclusion Plerixafor was used at The London Clinic recently with mostly favourable outcomes. According to this study Plerixafor has improved PBSC outcomes with some exceptions. Plerixafor has definitely made a positive difference in 40% of our patients and 83% had enough cells for an autologus transplant. However, results are inconclusive due to small patient numbers. Ongoing studies with new patient experiences are needed. More than one dose of Plerixafor may be required for heavily pretreated patients who are historically poor mobilisers of PBSC collections.

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Do we give too much or too little?

Serpil Vieira, Diane Monroe. The London Clinic, London, United Kingdom

Topic Significance & Study Purpose/Background/Rationale: Introduction Over the last decade, information for cancer patients has become increasingly more available. The very nature of cancer requires patients to learn about their disease in order to cope with the consequences of treatment and to be involved in decision making processes. It is therefore vital to provide enough information for patients and their relevant others. People/patients vary in the amount of information they require. Evidence suggests that some patients do not want very much information about their diseases and treatments. This study aims to explore how much information our patient group wants to know and how much information our team provides.

Methods, Intervention, & Analysis: Method A questionnaire was prepared to collect data on how much information was given to patients on three different stages of their treatment plans. These stages were: on admission, during their inpatient stay and on discharge. A fourth section was added, to investigate other information that patient felt would be beneficial. 112 questionnaires were given between May 2010 and October 2012, outcome data is shown in Table I. Stage Information provided on the following topics N, % On admission

1. Side effects of therapy or chemotherapy 39 (34.8%)
2. Procedures (Bone Marrow Aspiration, Hickman Line insertion etc) 35(31.2%)
3. Sexuality 11(9.8%)
4. Fertility 13(11.6%)
5. Results of diagnostic test 49(43.7%)
6. Follow up, appointments 39(34.8%)
7. Diet 23(20.5%) other 0(0%)